

Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843) 706-4522
www.townofbluffton.sc.gov

applicationfeedback@townofbluffton.com SPECIAL INSPECTOR REGISTRATION FORM **Due before First Inspection** Permit Number: Date Received: Office Use Only Project Address: Lot #: Subdivision: Parcel ID: **Special Inspector** ____ Individual ____ Agency ____ Firm ____ Approved Fabrication Name: Address: City/State/Zip: Phone: Cell Phone: **Email Address: Type of Inspections** Check all types that apply and explain. Supply additional detailed information as required on attached documents. Steel Construction Concrete Construction Masonry Construction____ Wood Construction____ ___ Soils Pile Foundations Pier Foundations Wall Panels and Veneers Spray Fire Resistant Materials Exterior insulation and Finishing Systems (EFIS) _ Special Cases Smoke Control

Check all types that apply and explain. Supply additional detailed information as required on attached documents. Seismic Resistance Wind Requirements Structural Observations

Sufficient documentation shall be attached to each form to demonstrate to the Building Official that the education, training and work experience of the Special Inspector, Agency, Firm or Fabricator qualifies them to perform the Special Inspections as indicated.



Growth Management Customer Service Center
20 Bridge Street
Bluffton, SC 29910
(843)706-4522
www.townofbluffton.sc.gov
applicationfeedback@townofbluffton.com

Date: 8/16/2017

As the Architect/ Engineer of Record I make application to permit the Special Inspectors listed on this Registration Form to perform Special Inspections as indicated. The information on this form and the attached documents is complete and accurate. I understand that all Specials Inspections must be conducted according to the approved construction documents and in compliance with the Town of Bluffton's adopted codes.	
Signature	Print Name
Date Signed	